

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
OCT 07 2016  
Bayfield Co. Zoning Dept.

Permit #: 16-0359  
Date: 10-10-16  
Amount Paid: \$880 10-2-16  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Showing zoning laws consistent  
to residential rezoning

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☒ OTHER

Owner's Name: Robert & Linda Boyer  
James & Linda Corbin  
Address of Property: 67845 Oakwisk Rd  
City/State/Zip: Iron River, WI 54847  
Contractor: Iron River, WI 54847  
Contractor Phone: Plumber:  
Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Agent Phone: Agent Mailing Address (include City/State/Zip):  
PIN: (23 digits) 04-022247091410100061100  
Cty/State/Zip: Duluth, MN 55807  
Cty/State/Zip: Duluth, MN 55807  
Telephone: 218) 638-1931 Boyer  
218) 634-9656 Corbin  
Cell Phone: 218) 348-7918 Boyer  
218) 409-0638 Corbin  
Plumber Phone:  
Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: NE 1/4, NE 1/4  
Gov't Lot: Lot(s): CSM: Vol & Page: Lot(s) No.: Block(s) No.:  
Section 14, Township 47 N, Range 9 W  
Town of: Hughes  
Lot Size: Acreage:

Recorded Document: (i.e. Property Ownership)  
Volume 2016R Page 565174

Shoreland ☒ Non-Shoreland ☐  
☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--continue ☒  
☒ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--continue ☒  
Distance Structure is from Shoreline: feet  
Distance Structure is from Shoreline: 720 feet  
Is Property in Floodplain Zone? ☐ Yes ☒ No  
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion \* include donated time & material: \$ 68,000  
Project: ☐ New Construction ☒ 1-Story ☐ Seasonal ☐ 1 ☐ Municipal/City ☐ City ☐ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Well ☐ Conversion ☐ 2-Story ☐ 3 ☒ Sanitary (exists) Specify Type: ST ☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Sanitary (Pit) or Vaulted (min 200 gallon) ☐ Run a Business on Property ☐ No Basement ☐ Portable (w/service contract) ☐ Compost Toilet ☐ Foundation ☐ None ☐ None

What Type of Sewer/Sanitary System is on the property? ☐ City ☒ Well

Existing Structure: (if permit being applied for is relevant to it) Length: 48 Width: 40 Height: 15  
Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		( )	
<input checked="" type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		( 48 X 40 )	1920
<input type="checkbox"/> with Loft		( 10 X 10 )	100
<input type="checkbox"/> with a Porch		( )	
<input type="checkbox"/> with (2") Porch		( )	
<input type="checkbox"/> with a Deck		( )	
<input type="checkbox"/> with (2") Deck		( )	
<input type="checkbox"/> with Attached Garage		( )	
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities		( )	
<input type="checkbox"/> Mobile Home (manufactured date)		( )	
<input type="checkbox"/> Addition/Alteration (specify)		( )	
<input type="checkbox"/> Accessory Building (specify)		( )	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( )	
<input type="checkbox"/> Special Use: (explain)		( )	
<input type="checkbox"/> Conditional Use: (explain)		( )	
<input checked="" type="checkbox"/> Other: (explain) Convert Restaurant To Residence		( )	2020

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) James & Linda Boyer, James & Linda Corbin, Old Boyer Farm & Property Date 10/5/16  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: (if you are signing on behalf of the owner(s)) a letter of authorization must accompany this application Date

Address to send permit 4993 Morris Avenue Rd, Hermann, MN 55811  
Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed

Copy of and never marked

- (1) Show Location of: Proposed Construction  
 (2) Show / Indicate: North (N) on Plot Plan  
 (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)  
 (4) Show: All Existing Structures on your Property  
 (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)  
 (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond  
 (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%

See Attached Map

Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	145 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	160 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	230 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	281 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	630 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	Road Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	15 Feet	Setback to Well	25 Feet
Setback to Drain Field	25 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: 425297	# of bedrooms: 4	Sanitary Date: 18/19/04
Permit Denied (Date):	Reason for Denial:			
Permit #: 16-0359	Permit Date: 10-10-16			
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:			
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Existing Structure permitted in 2004 # 04-543		Zoning District (RRB)		
Date of Inspection: 10/3/2016	Inspected by: Robert Schirmer	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)				
Must Contact Local Uniform Dwelling Code (UDC) Inspector and Secure UDC permit if required to convert structure.				
Signature of Inspector:	Date of Approval: 10/3/16			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

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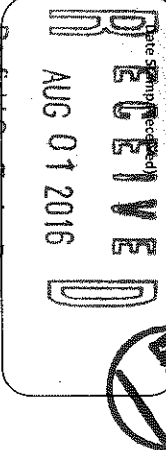
# yfield County, WI





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN



Permit #:	16-0364
Date:	10-18-16
Amount Paid:	\$485 88916
Refund:	VOIDED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT BY BAYFIELD CO. ZONING DEPT.

BAYFIELD CO. ZONING DEPT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Randall T. Magee</u>	Mailing Address: <u>112080 GAETZ RD, MARION WI</u>	City/State/Zip: <u>54950</u>	Telephone: <u>391-7350</u>
Address of Property: <u></u>		City/State/Zip: <u></u>	Cell Phone: <u>218</u>
Contractor: <u>Kirk CEMMER</u>		Contractor Phone: <u>2183482207</u>	Plumber: <u>BOITEN</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: <u></u>	Plumber Phone: <u>715</u>
		Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PLN: (23 digits) 04-	Recorded Document: (i.e. Property Ownership) Volume <u>      </u> Page(s) <u>      </u>
<u>NE 1/4, NW 1/4</u> <u>TAKESTOWN EASEMENT</u>	Gov't Lot <u>      </u> Lot(s) <u>      </u> CSM <u>      </u> Vol & Page <u>      </u> Lot(s) No. <u>      </u> Block(s) No. <u>      </u> Subdivision: <u>      </u>		
Section <u>5</u> , Township <u>47</u> N, Range <u>9</u> W	Town of: <u>Town of Hedges</u>		Lot Size <u>4</u> Acreage <u>47.89</u>

<input type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue →	Distance Structure Is from Shoreline: <u>      </u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue →	Distance Structure Is from Shoreline: <u>      </u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<u>\$80,000</u>	<input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> 1-Story <input checked="" type="checkbox"/> 1-Story + Loft <input type="checkbox"/> 2-Story <input type="checkbox"/> Basement <input type="checkbox"/> No Basement <input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None	<input type="checkbox"/> Municipal/City <input checked="" type="checkbox"/> (New) Sanitary <input type="checkbox"/> Sanitary (exists) Specify Type: <u>SEEDING</u> <input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon) <input type="checkbox"/> Portable (w/service contract) <input type="checkbox"/> Compost Toilet <input type="checkbox"/> None	<input type="checkbox"/> City <input checked="" type="checkbox"/> Well

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>54</u>	Width: <u>32</u>	Height: <u>16</u>
Proposed Construction:	Length: <u>      </u>	Width: <u>      </u>	Height: <u>      </u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/> Principal Structure (first structure on property) <u>GAETZ</u> <u>W/ LIVING AREA</u> with Loft with a Porch with (2 <sup>nd</sup> ) Deck with (2 <sup>nd</sup> ) Deck with Attached Garage with Secretarial Staff	<u>32 x 32</u> <u>32 x 24</u> <u>32 x 24</u> <u>32 x 30</u> <u>32 x 30</u> <u>32 x 30</u> <u>32 x 30</u>	<u>1728</u> <u>768</u> <u>768</u> <u>256</u> <u>256</u> <u>960</u> <u>960</u>
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date) <u>      </u> <input type="checkbox"/> Addition/Alteration (specify) <u>      </u> <input type="checkbox"/> Accessory Building (specify) <u>      </u> <input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>      </u> <input type="checkbox"/> Special Use: (explain) <u>      </u> <input type="checkbox"/> Conditional Use: (explain) <u>      </u> <input type="checkbox"/> Other: (explain) <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>	<u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u> <u>      </u>
<input type="checkbox"/> Municipal Use			

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
(I/we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Randall T. Magee Date 7/24/16

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) authorization must accompany this application)

Authorized Agent:        Date       

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit       

Copy of Tax Statement

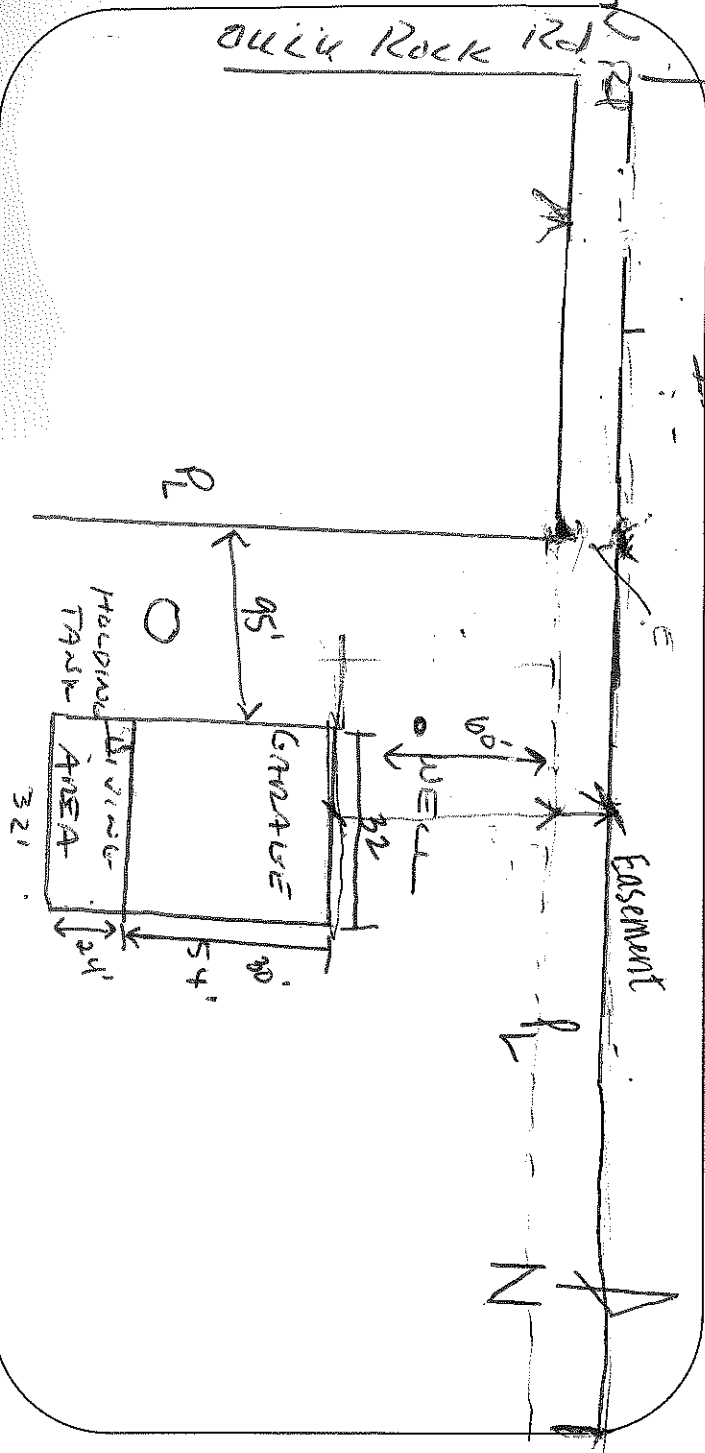
Attach

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the <del>Established</del> Right-of-Way <i>Easement Rd</i>	60 Feet	Setback from the lake (ordinary high-water mark)	N/A Feet
Setback from the North Lot Line	60 Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the South Lot Line	71000 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the West Lot Line	45 Feet	Setback from Wetland	20% Slope Area on property
Setback from the East Lot Line	71000 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

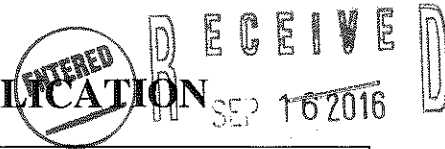
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>16-1123</u>	# of Bedrooms: <u>1</u>	Sanitary Date: <u>9-16-16</u>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>16-0344</u>	Permit Date: <u>10-12-16</u>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:	<i>Owner present &amp; represent easement location &amp; mark property line. Sand left mobile. No indication of wetlands or other etc.</i>					
Date of Inspection: <u>8-15-16</u>	Inspected by:	Zoning District: <u>(F-1)</u>				Takes Classification: <u>(N/A)</u>
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached)		Date of Re-Inspection:				
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>8-16-16</u>				
Hold For Sanitary: <input checked="" type="checkbox"/> <u>[Signature]</u>	Hold For ADA: <input checked="" type="checkbox"/> <u>[Signature]</u>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	Date of Approval: <u>8-16-16</u>		

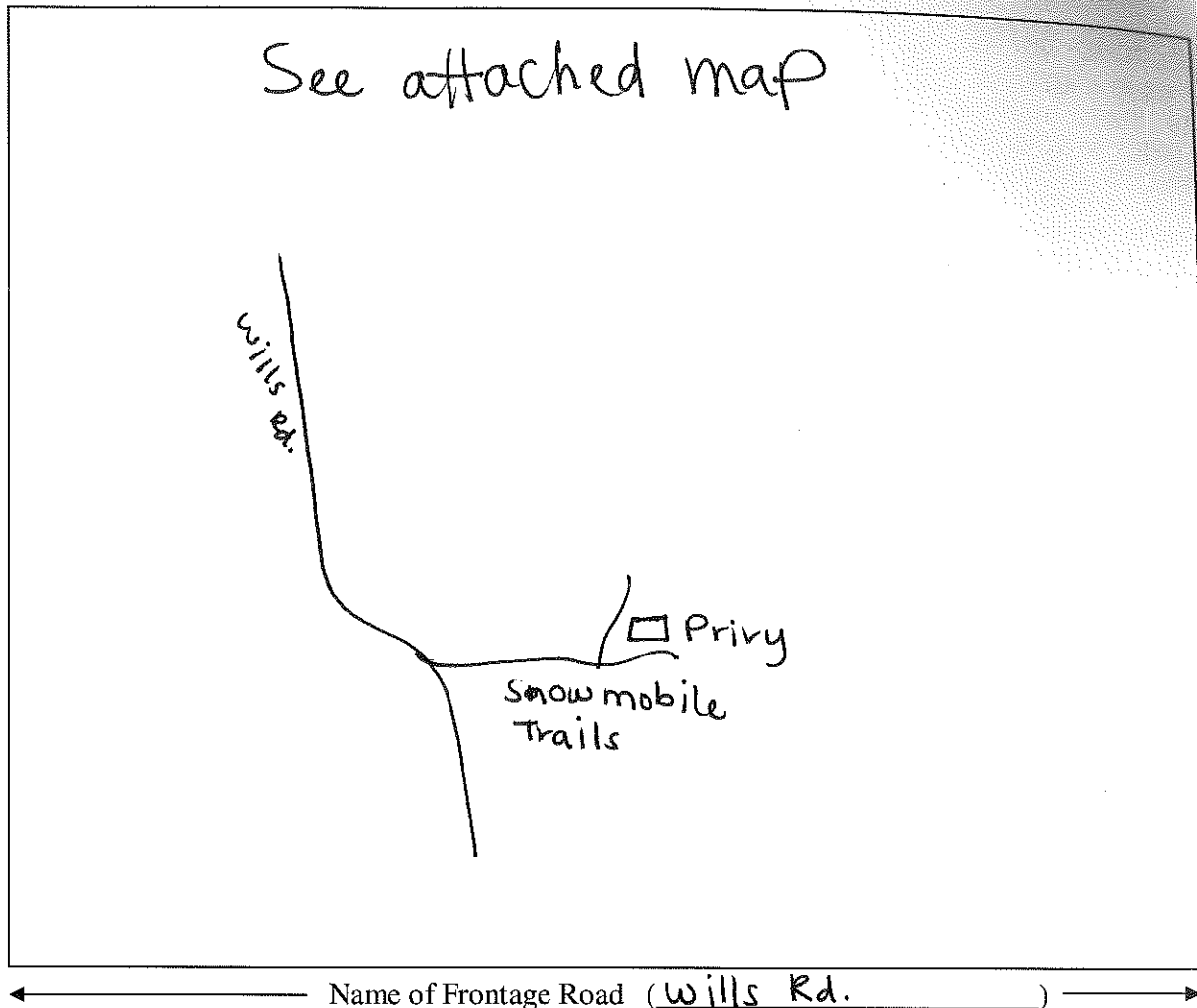
WDC Permit + Inspections Required

# BAYFIELD COUNTY SANITARY PERMIT APPLICATION



<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: Bayfield Co. Zoning Dept.	
Property Owner's Name <b>Bayfield County Forestry</b>				County: <b>16-0367 Bayfield</b>			
Address of Property <b>-</b>				Property Location: <b>1/4 1/4 S 20 T 47 N, R 09 E (or) W</b>			
Property Owner's Mailing Address <b>117 E. 5th St.</b>				Township <b>Hughes</b>		Gov. Lot #:	
City, State <b>Washburn, WI</b>		Zip Code <b>54891</b>		Phone Number <b>373-6114</b>		Subdivision Name or CSM #:	
<b>II. TYPE OF BUILDING: (Check One)</b>							
<input type="checkbox"/> State Owned <input checked="" type="checkbox"/> Public (Explain the use/purpose <b>on snowmobile trail</b> ) <input type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms				Parcel ID Tax Number(s): <b>04-022-2-47-09-20-1 01-000-10000</b>			
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>							
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor 1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below)							
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: Date Issued:							
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>							
C) <input type="checkbox"/> Pit Privy <input checked="" type="checkbox"/> Vault Privy (Vault size: <b>1830</b> gallons or cubic yards) <input type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet							
<b>V. ABSORPTION SYSTEM INFORMATION:</b>							
1. Gallons Per Day	2. Absorp. Area Required (Sq. Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq. Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev. (Feet)	7. Final Grade Elev. (Feet)	
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons	Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed
		New Tanks	Existing Tanks				
Septic Tank or Holding Tank		<b>1830</b>	<b>-</b>	<b>1830</b>	<b>1</b>	<b>Huffcutt</b>	<b>✓</b>
Lift Pump Tank / Siphon Chamber							
<b>VII. RESPONSIBILITY STATEMENT:</b>							
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.							
Plumber's / Owner's Name: (Print) <b>Jason Badine</b>				Plumber's / Owner's Signature: (No Stamps) <b>[Signature]</b>		MP/MPRSW No:	
Plumber's Address: (Street, City State, Zip Code) <b>117 E 5th St, Washburn, WI 54891</b>				Home Phone: <b>715-373-6114</b>		Business Phone:	
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>							
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <b>\$150</b>		Date Issued: <b>10-14-16</b>		Issuing Agent's Signature / Date: <b>[Signature] 10/3/16</b>	
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>							
<b>System shall be maintained per recorded agreement.</b>							

# Lot Line



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).

2. Show the approximate location and size of the building.

3. Show the location of the well, septic tank and drain field. *none*

4. Show the location of any lake, river, stream or pond if applicable.

5. Show the approximate location of other existing structures. *none*

6. Show the approximate location of any wetlands or slopes over 20 percent.

7. Show dimensions in feet on the following:

- a. Building to all lot lines
- b. Building to centerline of road
- c. Building to lake, river, stream or pond
- d. Septic / holding tank to closest lot line
- e. Septic/holding tank to building
- f. Septic / holding tank to well
- g. Septic / holding tank to lake, river, stream or pond
- h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- l. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond
- o. Well to building


**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 COMPLETELY**



Trail 22/24 Junction Privy Project  
SW NW Section 20 T47N R9W

PROPOSED PRIVY  
LOCATION

# IRON RIVER

 Bayfield County ATV Trail  
 Roads

1 in = 1,250 feet

